



Street Closure Permit Application

TRAFFIC & TRANSPORTATION DEPARTMENT

OFFICE OF THE DIRECTOR
1515 UNIVERSITY AVENUE
P. O. BOX 4017-C
LAFAYETTE, LOUISIANA 70502

TEL: (337) 291-8545
FAX: (337) 291-5693

1. Activity: _____
Activity Date(s): _____ Total Days for Closure: _____
Start Time(s): _____ Finish Time(s): _____
Street(s) to be closed: _____
Block Number(s) _____
Map indicating location of activity is required with application.

2. Sponsoring Organization: _____
Local Address: _____
City/State/Zip: _____
Principal Place of Business: _____
Phone: _____ Day _____ Night _____ Fax _____

3. Responsible Individual, if other than above:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Day _____ Night _____ Fax _____

The applicant will be responsible for providing, maintaining and installing traffic control devices necessary for the street closure according to the traffic control plan provided to him by the Department of Traffic & Transportation. The applicant will indemnify and forever hold the Lafayette City-Parish Government harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arriving out of the closing or blocking of the right-of-way approved under this permit.

Signature: _____ Date: _____

4. Fire Department Comments: _____

Signed by: _____ Date: _____

5. Police Department Comments: _____

Signed by: _____ Date: _____

6. Approved by Traffic & Transportation Department: _____
_____ Date: _____

Street Closure Permit Application Concurrence by Affected Property Owners

I am aware of the _____ (state activity)
planned for _____ (date) and have no objection to the proposed closure
of _____ (location):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____